

Application No. (if known): 09/646,194-Conf. #5757

Attorney Docket No.: 55051RCE4(71117)

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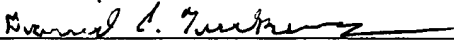
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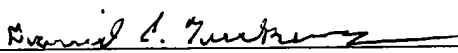
Appeal Brief Transmittal (2 pages)  
Fee Transmittal (2 pages)  
One Month Request for Extension of Time Under 37 CFR 1.136(a) (2 pages)  
Appeal Brief (65 pages) (Along with two additional copies)  
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TRANSMITTAL OF APPEAL BRIEF			Docket No. 55051RCE4(71117)
In re Application of: Hisashi Saiga et al.			
Application No. 09/646,194-Conf. #5757	Filing Date September 14, 2000	Examiner BASOM, BLAINE T.	Group Art Unit 2173
Invention: DATA DISPLAYING DEVICE			
<b><u>TO THE COMMISSIONER OF PATENTS:</u></b>			
Transmitted herewith is the Appeal Brief in this application, with respect to the Notice of Appeal filed: <u>November 10, 2009</u> .			
The fee for filing this Appeal Brief is <u>\$ 540.00</u> .			
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity			
<input checked="" type="checkbox"/> A petition for extension of time is also enclosed.			
The fee for the extension of time is <u>\$ 130.00</u> .			
<input type="checkbox"/> A check in the amount of _____ is enclosed.			
<input checked="" type="checkbox"/> Charge the amount of the fee to Deposit Account No. <u>04-1105</u> .			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees that may be required or credit any overpayment to Deposit Account No. <u>04-1105</u> . This sheet is submitted in duplicate.			
 David A. Tucker Attorney Reg. No. : 27,840 EDWARDS ANGELL PALMER & DODGE LLP P.O. Box 55874 Boston, Massachusetts 02205 (617) 517-5508		Dated: <u>January 20, 2010</u>	



COPY

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PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

<b>FEE TRANSMITTAL</b> <b>For FY 2009</b>		<b>Complete if Known</b>	
		Application Number	09/646,194-Conf. #5757
		Filing Date	September 14, 2000
		First Named Inventor	Hisashi Saiga
		Examiner Name	BASOM, BLAINE T.
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2173
<b>TOTAL AMOUNT OF PAYMENT</b>		(\$)	670.00
		Attorney Docket No.	55051RCE4(71117)

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 04-1105
Deposit Account Name: Edwards Angell Palmer & Dodge LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
		<b>Small Entity</b>		<b>Small Entity</b>		<b>Small Entity</b>	
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
						<b>Small Entity</b>	
<b>Fee Description</b>						<b>Fee (\$)</b>	<b>Fee (\$)</b>
Each claim over 20 (including Reissues)						52	26
Each independent claim over 3 (including Reissues)						220	110
Multiple dependent claims						390	195
<b>Total Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>		
- or HP =		x	=		<b>Fee (\$)</b>		<b>Fee Paid (\$)</b>
HP = highest number of total claims paid for, if greater than 20.							
<b>Indep. Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
- or HP =		x	=				
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>			<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	
- 100 =	/50 =	(round up to a whole number) x			=		
<b>4. OTHER FEE(S)</b>							
						<b>Fees Paid (\$)</b>	
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1251 Extension for response within first month						130.00	
1402 Filing a brief in support of an appeal						540.00	

<b>SUBMITTED BY</b>			
Signature	<i>David A. Tucker</i>	Registration No. (Attorney/Agent)	27,840
Name (Print/Type)	David A. Tucker	Telephone	(617) 517-5508
		Date	January 20, 2010



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PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <b>FEE TRANSMITTAL</b> <b>For FY 2009</b>		<b>Complete if Known</b>			
		Application Number	09/646,194-Conf. #5757		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	September 14, 2000		
		First Named Inventor	Hisashi Saiga		
		Examiner Name	BASOM, BLAINE T.		
		Art Unit	2173		
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$)</b>	670.00	Attorney Docket No.	55051RCE4(71117)

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
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**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
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Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

**Total Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**      **Multiple Dependent Claims**

\_\_\_\_\_ - or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_      **Fee (\$)**      **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

\_\_\_\_\_ - or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

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